

# State of Connecticut Department of Public Health

## Continuing Education Training

### Registration Form

Please complete and reply by e-mail to [dorine.Testori@ct.gov](mailto:dorine.Testori@ct.gov) OR  
by fax to 860 – 509 – 7853 / Attn. Dorine Testori

Date	First Name	Last name	Title	Title
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			
Age range	<input type="checkbox"/> Under 21 <input type="checkbox"/> 22-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55 and over			
Race/ethnicity	<input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Puerto-Rican <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> Native-American <input type="checkbox"/> Pacific-Islander			
Name of Training:				
Agency:				
Immediate Supervisor:			Telephone #:	
Organization:				
Address:				
City:		State:		Zip Code:
Daytime Telephone: (    )			Fax: (    )	
E – mail address: Work:			Other:	
Please select what of the following categories most apply to your background education:				
<input type="checkbox"/> less than 12 years of education <input type="checkbox"/> High School/GED <input type="checkbox"/> College __1__ __2__ __3__ __4__ __+ <input type="checkbox"/> Graduate degree BA in BAS				
Experience working in the HIV/AIDS field		_____Months		_____Years
Time in your current position		_____Days		_____Years
What is your role (Please mark all that may apply)				
<input type="checkbox"/> Medical Case Manager <input type="checkbox"/> HIV Prevention Counselor <input type="checkbox"/> CRCS Provider <input type="checkbox"/> HIV Educator  <input type="checkbox"/> Outreach Educator <input type="checkbox"/> Drug Treatment Advocate <input type="checkbox"/> Syringe Exchange Provider  <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Administrator <input type="checkbox"/> Mental Health Providers  <input type="checkbox"/> Substance Abuse TX Provider <input type="checkbox"/> Other (Please identify):				
Have you ever received training on this topic?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
What are your expectations for this training?				

*Questions about training content/presenters should be directed to Marianne Buchelli @ 860-509-8053 .Thank you & we look forward to meeting you!*